# VENTNOR CITY BOARD OF EDUCATION
# PURCHASE ORDER REQUEST

*Note: Use a separate sheet for each company*

Name: _____ Page: 1

Grade: _____

Date: _____

Vendor Name:

Address: _____ PO # _____

Vendor Phone #: _____ State contract #: _____

Vendor email/website: _____

Vendor Fax #: _____

| Quantity | Item # | Complete Description | Page | Unit Cost | Total Cost |
|---|---|---|---|---|---|
| | | | | | $ 0.00 |
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| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | **Shipping 10%** | | $ 0.00 |
| | | **Total Price (this page)** | | | $ 0.00 |

Account # _____

Original Budget _____

Balance Remaining _____

Supervisor/Principal _____ Date _____

Superintendent _____ Date _____

Business Office _____ Date _____